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-				DETERMINATION	
	ATENT	ADDI WA	11/3NI EEE	DETERMINATION	
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Application or Docket Number

TOTAL

ADD'L FEE

OR

Substitute for Form PTO-875									09943349			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN OR SMALL ENTITY		
FOR			11 11 11 11 11 11		ER EXTRA	1	RATE	FEE	1	RATE		
BASIC FEE			The second secon			1	10112			IVAIL	FEE	
(37 CFR 1.16(a)) TOTAL CLAIMS						1		\$	OR	<u> </u>	\$	
(37 CFR 1.16(c)) INDEPENDENT CLAIMS		MS .	minus 20° =				× \$=		OR	× \$=		
(37 CFR 1.16(b))			minus 3 =		1.		× \$ =		OR	× \$=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+\$=		OR	+ \$=			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL		
	CI	LAIMS AS AM	ENDED	– PART II								
_	87, 11 <b>(13)</b>	(coldinii i)	977	(Column 2)	(Column 3)		SMALL E	NTITY	OR		R THAN ÉNTITY	
AMENDMENT A	4:.	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE	
	Total (37 CFR 1.16(c))	7	Minus	20	=		x \$=		OR	× \$=	: * *	
	Independent (37 CFR 1.16(b))	2	Minus	··· 3	=		x \$=		OR	× \$=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	"+\$ " =	-	
		(5)				•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)					•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RAŤE	ADDI TIONA FEE	
	Total (37 CFR 1.16(c))	•	Minus	••	=		× \$ =		OR	×:\$=	,	
	Independent (37 CFR 1.16(b))	•	Minus	***	=		× \$ =		OR	× \$ =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ 5 =		OR	+ \$ =		
البيبين		·· - <u>-</u> · · · · · ·					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		6] (Column 2)	(Column 3)					•	^	
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE	
집	Total (37 CFR 1.16(c))	•	Minus	••	=		x \$ =		OR	x \$=		
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus 	***	=		× \$ =		OR	× \$=		
	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	NT CLAIM (37 CF	R 1.16(d))		+ \$ =		OR	+ \$ =		

TOTAL

ADD'L FEE

<sup>•</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.